

HB-0840-0909 **REQUIRED DOCUMENTATION FOR SHBP/SEHBP DEPENDENT ELIGIBILITY AND ENROLLMENT**

The State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP) are required to ensure that only employees, retirees, and their eligible dependents are receiving health care coverage under the programs. As a result, the Division of Pensions and Benefits must guarantee consistent application of eligibility requirements within the plans. Employees or Retirees who enroll dependents for coverage (spouses, civil union partners, domestic partners, children, disabled dependents, and over age children continuing coverage) must submit the following documentation in addition to the appropriate health benefits application.

DEPENDENTS	ELIGIBILITY DEFINITION	DOCUMENTATION REQUIRED
<b>SPOUSE</b>	A person of the opposite sex to whom you are legally married.	<ul style="list-style-type: none"> <li>➤ A photocopy of the <i>Marriage Certificate</i> <b>and</b></li> <li>➤ A photocopy of the top half of the front page of the employee/retiree's most recently filed federal tax return* (<i>Form 1040</i>) that includes the spouse.</li> </ul>
<b>CIVIL UNION PARTNER</b>	A person of the same sex with whom you have entered into a civil union.	<ul style="list-style-type: none"> <li>➤ A photocopy of the <i>New Jersey Civil Union Certificate</i> or a valid certification from another jurisdiction that recognizes same-sex civil unions <b>and</b></li> <li>➤ A photocopy of the top half of the front page of the employee/retiree's most recently filed NJ tax return* that includes the partner <b>or</b></li> <li>➤ A photocopy of a recent (within 90 days of application) bank statement or bill that includes the names of both partner's and is received at the same address.</li> </ul>
<b>DOMESTIC PARTNER</b>	A person of the same sex with whom you have entered into a domestic partnership as defined under Chapter 246, P.L. 2003, the Domestic Partnership Act. The domestic partner of any State employee, State retiree, or any eligible employee or retiree of a SHBP/SEHBP participating local public entity, who adopts a resolution to provide Chapter 246 health benefits, is eligible for coverage.	<ul style="list-style-type: none"> <li>➤ A photocopy of the <i>New Jersey Certificate of Domestic Partnership</i> dated prior to February 19, 2007 or a valid certification from another State of foreign jurisdiction that recognizes same-sex domestic partners <b>and</b></li> <li>➤ A photocopy of the top half of the front page of the employee/retiree's most recently filed NJ tax return* that includes the partner <b>or</b></li> <li>➤ A photocopy of a recent (within 90 days of application) bank statement or bill that includes the names of both partner's and is received at the same address.</li> </ul>
<b>CHILDREN</b>	<p>Your unmarried children under age 23 who: live with you in a regular parent-child relationship; are away at school; or are divorced children living at home provided that they are dependent upon you for support and maintenance.</p> <p>If you are a single parent, divorced, or legally separated, your children who do not live with you are eligible if you are legally required to support those children. Stepchildren, foster children, legally adopted children, and children in a guardian-ward relationship are also eligible provided they live with you, are under the age of 23, and are substantially dependent upon you for support and maintenance.</p>	<ul style="list-style-type: none"> <li>➤ <b>Natural Child</b> – A photocopy of the child's birth certificate showing the name of the employee/retiree as a parent.</li> <li>➤ <b>Step Child</b> – A photocopy of the child's birth certificate showing the name of the employee/retiree's spouse or partner as a parent <b>and</b> a photocopy of the marriage/partnership certificate showing the names of the employee/retiree and spouse/partner.</li> <li>➤ <b>Legal Guardian, Adoption, Grandchild(ren), or Foster Child(ren)</b> – Photocopies of Affidavits of Dependency, Final Court Orders with the presiding judge's signature and seal, <b>or</b> Adoption Final Decree with the presiding judge's signature and seal.</li> </ul>

\* **Note:** For tax forms you may black out all financial information and all but the last 4 digits of any Social Security numbers.

To obtain copies of the documents listed above, contact the office of the Town Clerk in the city of the birth, marriage, etc., or visit these Web sites: [www.vitalrec.com](http://www.vitalrec.com) or [www.studentclearinghouse.org](http://www.studentclearinghouse.org) New Jersey residents can obtain records from the State Bureau of Vital Statistics and Registration Web site: [www.state.nj.us/health/vital/index.shtml](http://www.state.nj.us/health/vital/index.shtml)

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DEPENDENTS	ELIGIBILITY DEFINITION	DOCUMENTATION REQUIRED
<b>DEPENDENT CHILDREN WITH DISABILITIES</b>	If a covered child is not capable of self-support when he or she reaches age 23 due to mental illness or incapacity, or a physical disability, the child may be eligible for a continuance of coverage. Coverage for children with disabilities may continue only while (1) you are covered through the SHBP or SEHBP, and (2) the child continues to be disabled, and (3) the child is unmarried or does not enter into a civil union or domestic partnership, and (4) the child remains substantially dependent on you for support and maintenance. You will be contacted periodically to verify that the child remains eligible for continued coverage.	<ul style="list-style-type: none"> <li>➤ Documentation for the appropriate "Child" dependent type (as noted on page 1) <b>and</b></li> <li>➤ A photocopy of the top half of the front page of the employee/retiree's most recently filed federal tax return* (<i>Form 1040</i>) that includes the child</li> <li>➤ If Social Security disability has been awarded, or is currently pending, please include this information in the documentation submitted.</li> </ul> <p><b>Please note</b> that this information is only verifying the child's eligibility as a dependent. The disability status of the child is determined through a separate process.</p>
<b>CONTINUED COVERAGE FOR OVER AGE CHILDREN</b>	<p>Certain dependent children may be eligible for continued coverage under the provisions of Chapter 375, P.L. 2005. This includes a child by blood or law who:</p> <ul style="list-style-type: none"> <li>➤ Is under the age of 31;</li> <li>➤ Is unmarried or not a partner in a civil union or domestic partnership;</li> <li>➤ Has no dependent(s) of his or her own;</li> <li>➤ Is a resident of New Jersey or is a student at an accredited public or private institution of higher education, with at least 15 credit hours; and</li> <li>➤ Is not provided coverage as a subscriber, insured, enrollee, or covered person under a group or individual health benefits plan, church plan, or health benefits plan, or entitled to benefits under Medicare.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Documentation for the appropriate "Child" dependent type (as noted on page 1) <b>and</b></li> <li>➤ A photocopy of the top half of the front page of the employee/retiree's most recently filed federal tax return* (<i>Form 1040</i>) that includes the child <b>or</b></li> <li>➤ If the over age child is not listed on the employee/retiree's tax return, a photocopy of the top half of the child's most recently filed tax return* is required <b>and</b></li> <li>➤ If the child resides outside of the State of New Jersey, documentation of full time student status must be submitted.</li> </ul>

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